| DWR C  | opy of Reco                              | ord                            |                                       |                                    |  |  |                            |                                       |                                   |                          |                    |                                  |   |  |  |
|--|--|--------------------------------|---------------------------------------|------------------------------------|--|--|----------------------------|---------------------------------------|-----------------------------------|--------------------------|--------------------|----------------------------------|---|--|--|
| Permit                                       |  |                                |                                       |                                    |  |  |                            |                                       | ,                                 |                          |                    |                                  |   |  |  |
| Permit #:                                    |  | CAF001148                      | Per                                   | mittee:                            | BETA OFFSHOR   | BETA OFFSHORE PLATFORM ELLY - CAG280000                  |                            |                                       |                                   | Facility:                |                    | PLATFORM ELLY                    |   |  |  |
| Major:                                       | Major: No                                |                                |                                       | mittee Address                     |  | 111 West Ocean Blvd., Suite 1240<br>LONG BEACH, CA 90802 |                            |                                       |                                   |                          |                    |                                  | 3.583403 LO -118.127089<br>IC OCEAN, CA 90802 |  |  |
| Permitte                                     | Permitted Feature: 002A External Outfall |                                |                                       | charge:                            | <b>002A-A</b><br>Produced Water N                          | 002A-A<br>Produced Water Monthly                         |                            |                                       |                                   |                          |                    |                                  |   |  |  |
| Report D                                     | ates & Status                            |                                | ı                                     |                                    |  | ,  |                            |                                       |                                   |                          |                    |                                  |   |  |  |
| Monitoring Period: From 08/01/16 to 08/31/16 |  |                                | 16 DM                                 | R Due Date:                        | 10/28/16   | 10/28/16   |                            |                                       |                                   | Status: NetDMR Validated |                    |                                  |   |  |  |
|  | rations for Form C                       | Completion                     | 1                                     |                                    |  |  |                            |                                       |                                   |                          |                    |                                  |   |  |  |
| 1. Produc                                    | ed water annual cu                       | umulative flow from March 1    | st thru Feb 28th ea                   | ch year 2. Values                  | s listed in the DMR for zinc are                           | e post dilution inclu                                    | ding the limi              | ts.                                   |                                   |                          |                    |                                  |   |  |  |
| Principal                                    | Executive Office                         | r                              |                                       |                                    |  |  |                            |                                       |                                   |                          |                    |                                  |   |  |  |
| First Nar                                    | First Name:                              |                                |                                       | Title:                             |  |  |                            |                                       |                                   | Telephone:               |                    |                                  |   |  |  |
| Last Nan                                     | ie:                                      |                                |                                       |                                    |  |  |                            |                                       | ,                                 |                          |                    |                                  |   |  |  |
| No Data                                      | Indicator (NODI)                         |                                |                                       |                                    |  |  |                            |                                       |                                   |                          |                    |                                  |   |  |  |
| Form NO                                      | DI:                                      |                                |                                       |                                    |  |  |                            |                                       |                                   |                          |                    |                                  |   |  |  |
|  | Parameter                                | Monitoring Locatio             | n Season # Param, NC                  |                                    | Quantity or  | · · · · · · · · · · · · · · · · · · ·                    |                            |                                       | Quality or Concentration          |                          |                    | Ex. Frequency of Anal            | lysis Sample Type                             |  |  |
| Code   | Name                                     |                                |                                       | Qua<br>Sample                      | alifier I Value I Qualifie                                 | er 2 Value 2   | Units O                    | ualitier (Value (Qualif<br>=          | ier 2 Value 2 Qualific<br>70833 = | ********                 | Units<br>19 - mg/L | 01/07 - Weekly                   | GR - GRAB                                     |  |  |
| <b>X</b> ₀₀₅₅₂ o                             | il and grease, hexane e                  | extr method 1 - Effluent Gross | 0                                     | Permit Req                         |  |  |                            | <=                                    | 29 MO AVG <=                      | 42 DAILY MX              |                    | 01/07 - Weekly                   | GR - GRAB                                     |  |  |
|  |  |                                |                                       | Value NOCI<br>Sample =             | 197  |  | 1T - bbl/d                 |                                       |                                   |                          |                    | 01/01 - Daily                    | ES - ESTIMA                                   |  |  |
| 82600 Pr                                     | oduced water, flow                       | 1 - Effluent Gross             | 0                                     | Pernit Reg                         | Req Mon MO AVG   |  | 1T - bbl/d                 |                                       |                                   |                          | 0                  | 01/01 - Daily<br>01/01 - Daily   | ES - ESTIMA                                   |  |  |
|  |  |                                |                                       | Value NODI                         |  | 407  | DV - b-1/                  |                                       |                                   |                          |                    | 040/0 4                          | OA OALOTD                                     |  |  |
| 82600 Pr                                     | roduced water, flow                      | O - See Comments               | 0                                     | Sample<br>Permit Req<br>Value NODI | V  | 197<br>10950000 YTD TOT                                  | BY - bbl/yr<br>BY - bbl/yr |                                       |                                   |                          | 0                  | 01/YR - Annual<br>01/YR - Annual | CA - CALCTD<br>CA - CALCTD                    |  |  |
| Submiss                                      | ion Note                                 |                                |                                       |                                    |  |  |                            |                                       |                                   |                          |                    |                                  |   |  |  |
| If a paran                                   | neter row does not                       | contain any values for the S   | Sample nor Effluent                   | Trading, then no                   | ne of the following fields will b                          | oe submitted for tha                                     | t row: Units,              | Number of Excursio                    | ns, Frequency of Ana              | lysis, and Sam           | ple Type.          |                                  |   |  |  |
| Edit Che                                     | ck Errors                                |                                |                                       |                                    |  |  |                            |                                       |                                   |                          |                    |                                  |   |  |  |
|  | Parar                                    | neter                          |                                       |                                    |  |  |                            |                                       |                                   |                          |                    |                                  |   |  |  |
| e de   | Code Name                                |                                | Monitoring Lo                         | cation                             | Field  |  | Туре                       |                                       | Description                       |                          | Acknowledge        |                                  |   |  |  |
|  | Oil and assess have                      |                                | 4. Efficient Course                   | O                                  | :h 0   | - 2  | -# TL-                     |                                       | - :                               | :: /F O-d-               | . 4)               |                                  | V   |  |  |
| 00552<br>00552                               | Oil and grease, hex                      |                                | 1 - Effluent Gross 1 - Effluent Gross |                                    | ity or Concentration Sample Valu                           |  |                            | · · · · · · · · · · · · · · · · · · · | e is outside the permit I         |                          |                    |                                  | Yes   |  |  |
|  |  | ane exti method                | 1 - Ellidelit Gloss                   | Quali                              | ty of Concentration Sample valu                            | 16.2   | on me                      | provided sample valu                  | e is outside the permit I         | mit. (Entir Code         | . 1)               |                                  | 162   |  |  |
|  | ed water annual cu                       |                                |                                       |                                    | 2. Oil and grease sampling is a submitted in October 2016. | weekly during disch                                      | arges. 3. W                | TCWF, Deck Drainin                    | ng, Domestic Waste &              | Fire Control V           | /ater are cor      | mmingled with produ              | uction &                                      |  |  |
| Attachm                                      | T  |                                |                                       |                                    |  |  |                            |                                       |                                   |                          |                    |                                  |   |  |  |
|  |  |                                |                                       |                                    | Name   |  |                            |                                       |                                   |                          | Туре               |                                  | Size  |  |  |
| Att1BataC                                    | MRCoverLetterJuly-                       | Sont16amondod adf              |                                       |                                    |  |  |                            |                                       |                                   | pdf                      |                    | 42950                            |   |  |  |
|  |  | Sept roamended.pdi             |                                       |                                    |  |  |                            |                                       |                                   | pai                      |                    | 42930                            |   |  |  |
|  | ast Saved By<br>:counce or a rea         | ORM ELLY - CAG280000           |                                       |                                    |  |  |                            |                                       |                                   |                          |                    |                                  |   |  |  |
| User:  | 1 SHONE FERTIN                           | Num ETT 1 - CHOSOOOO           | dlang@memorialp                       | n com                              |  |  |                            |                                       |                                   |                          |                    |                                  |   |  |  |
| Name: Diana La                               |  |                                |                                       |                                    |  |  |                            |                                       |                                   |                          |                    |                                  |   |  |  |
|  |  |                                |                                       | ang@memorialpp.com                 |  |  |                            |                                       |                                   |                          |                    |                                  |   |  |  |
|  |  |                                |                                       | 05-04 14:30 (Time Zone: -07:00)    |  |  |                            |                                       |                                   |                          |                    |                                  |   |  |  |
|  | <br>ast Signed By                        |                                |                                       | \ Long. 0                          |  |  |                            |                                       |                                   |                          |                    |                                  |   |  |  |
|  | <i>™</i>                                 |                                |                                       |                                    |  |  |                            |                                       |                                   |                          |                    |                                  |   |  |  |
| User:  |  |                                | dlang@memorialp                       | p.com                              |  |  |                            |                                       |                                   |                          |                    |                                  |   |  |  |

E-Mail:

Date/Time:

dlang@memorialpp.com

2018-05-04 14:31 (Time Zone: -07:00)